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Attorney Docket Number IPU1954-009 **Application Data Sheet 37 CFR 1.76** Application Number Title of Invention PHARMACEUTICAL PREPARATION FOR THE ORAL CAVITY The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application, Secrecy Order 37 CFR 5.2 Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.) Applicant Information: Remove Applicant 1 Legal Representative under 35 U.S.C. 117 Party of Interest under 35 U.S.C. 118 Applicant Authority (•)Inventor Prefix Given Name Middle Name **Family Name** Suffix Mr Paolo Alberto Veronesi O US Residency Residence Information (Select One) Non US Residency Active US Military Service City Milano Country Of Residencei Citizenship under 37 CFR 1.41(b) IT Mailing Address of Applicant: Address 1 Via dei Grimani No. 18 Address 2 City Milano State/Province Postal Code 1-20144 Country IT All Inventors Must Be Listed - Additional Inventor Information blocks may be Add generated within this form by selecting the Add button. Correspondence Information: Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a). An Address is being provided for the correspondence Information of this application.

Customer Number

**Email Address** 

**Email Address** 

08698

egayan@standleyllp.com

standleydocketing@standleyllp.com

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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	IPU1954-009
		Application Number	
Title of Invention	PHARMACEUTICAL PREPARATION FOR THE ORAL CAVITY		ΤΥ

## **Application Information:**

Title of the Invention	PHARMACEUTICAL PREPARATION FOR THE ORAL CAVITY			
Attorney Docket Number IPU1954-009		Small Entity Status Claimed 🗸		
Application Type	Nonprovisional			
Subject Matter Utility				
Suggested Class (if any)				
Suggested Technology C	Technology Center (if any)			
Total Number of Drawing Sheets (if any)		0	Suggested Figure for Publication (if any)	
Publication Information:				
Request Early Publication (Fee required at time of Request 37 CFR 1.219)				
Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.				

### Representative Information:

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Please Select One:	Customer Number	US Patent Practitioner	US Representative (37 CFR 11.9)			
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This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a) (4), and need not otherwise be made part of the specification.

Prior Application Status	Pending		Remove				
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)				
	a 371 of international	PCT/EP2004/014478	2004-12-20				
Additional Domestic Priority Data may be generated within this form by selecting the Add button.							

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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	IPU1954-009
		Application Number	
Title of Invention	PHARMACEUTICAL PREPARATION FOR THE ORAL CAV		TY

		Re	move		
Application Number	Country i	Parent Filing Date (YYYY-MM-DD)	Priority Claimed		
MI 2004 A 000235	IT	2004-02-13	Yes  No		
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#### **Assignee Information:**

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Assignee 1 Remove					
If the Assignee is an Organization check here.					
Organization Name Therapicon S.r.l.					
Mailing Address Information:					
Address 1	Via Malachia Marchesi	Via Malachia Marchesi de Taddei No. 21			
Address 2					
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Country   IT		Postal Code	1-20146		
Phone Number		Fax Number			
Email Address		•	·		
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## Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.					
Signature	/Eric M. Gayan/			Date (YYYY-MM-DD)	2006-08-14
First Name	Eric	Last Name	Gayan	Registration Number	46103

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